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OF
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T H E Q U I L L

VOLUME, NO. 3; DECEMBER 69.

WRITTEN BY THE PATIENTS, OAK RIDGE DIVISION

PENETANGUISHENE PSYCHIATRIC HOSPITAL

PENETANGUISHENE
ONT.

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ASSEMBLY: T & P & O.T.P.T. ----- J. Freeman

THE OPINIONS EXPRESSED IN THIS MAGAZINE ARE THOSE OF THE
AUTHOR AND DO NOT NECESSARILY REPRESENT THE VIEWS OF THE HOSPITAL
ADMINISTRATION OR THE EDITORIAL STAFF.

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ENTERED BY THE DIRECTOR, BUREAU OF MINES

THE NATIONAL BUREAU OF MINES

WASHINGTON, D.C.

WOLFE, NO. 1, 1900-1901

THE NATIONAL BUREAU OF MINES

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WOLFE, NO. 1, 1900-1901

E D I T O R I A L

HI!

Welcome to the Christmas issue of the QUILL. It has been quite awhile since we have been in print and so we have a lot of news to catch up on. We hope to bring you up to date on the happenings in Oak Ridge and around the hospital.

With the advent of Social Therapy to Oak Ridge, it has been difficult to get contributions for the Quill, as most patients are involved in treatment for the major part of the day, however, we have been able over the last while, to solicit some contributions and so we go to press.

With the coming of the Christmas Season, there are many things to write about and although we will not be able to cover them all, we hope to at least present a few of them in this issue.

The Editor at this time would like to thank those people who were able to make contributions to this issue, and is certainly looking forward to contributions for our next issue.

We would like to again note that the ideas and opinions expressed in this issue or the articles herein, do not necessarily reflect the sentiments of the hospital administration or of the editorial office or of any other person other than the author of the article.

In our closing remarks, we would like to wish all our readers and especially our contributors and supporters, a Very, Merry Xmas and a most prosperous New Year. We are looking forward to hearing from you in the coming year.

J. Normandin

* * * * *

LETTERS TO THE EDITOR

We received one letter from Mrs. Caughey in the ball shop. Although the actual letter is not available for print, due to a bit of negligence on my part, for which I humbly apologize. In the letter she suggested a number of ideas to make the Quill more interesting and about what the contents of the Quill might be.

She also offered the services of her patients in printing covers for the Quill(via silk screen process). We are hoping that this might be arranged in the near future.

We would like to thank Mrs. Caughey for her interest and kind suggestions and we hope that we may be able to follow some of them up. We would like to take this opportunity to wish her a very Merry Xmas and a Happy New Year.

-Editor-

POETRY

Following are some poems; one from one of the patients on B Ward we have a poem about love from Doug Williams, from A Ward comes a poem from Leo Trottier and of course no stranger to the Quill readers a couple of poems from Jeff Jefferson. Thanks for your contributions guys and we hope to hear more from you soon.

Ed.

*** **

WHAT LOVE IS TO ME

By; Douglas Dominic Williams.

Love! is to me every splendid thing
To many a heart it brings a ring,
It's sometimes hot-
It's sometimes cold-
But never lost if the love is whole.

It has a lasting place in the heart,
Which only the word death should depart.
Even then there should be a space-
Where this passed on love-
May take it's place.

A parody of the song "The Girl With the Black Velvet Band"

"THE GIRL WITH THE DARK VELVET BAND"

By; Leo Paul Trottier
"A" Ward

I was down in old Toronto,
The city of wealth, wit and fashion,
Where I first saw the light;
The many frolics I've had there,
Are still fresh in my memory tonight.
One evening while out for a ramble,
Here and there without thought or design,
I chanced on a girl dark and slender,
On the corner of Jarvis and Pine.
On her cheeks was the first flush of nature,
Her bright eyes they seemed to expand,
While her hair fell like a flame from hell:
The Girl With the Dark Velvet Band.
After lunch in a well kept apartment,
She invited me with a smile,
She seemed so gay and charming,
I thought I would tarry a while.
For a couple of years we were happy,
And I found a new meaning for love,
I went out on scores and made money,
For me and my Dark Velvet Dove.

(continued)

POETRY -- (continued)

" THE GIRL WITH THE DARK VELVET BAND " cont.

Then one day that old law of average,
Worked out an average for me,
I was caught on a score about midnight,
A prowler car I just couldn't see.
Now I walk up and down,
In a steel, cement cell
And I think of the days that are gone;
And though as I walk I'm going through hell,
The darkness will soon turn to dawn.
If my Dark Velvet Band is still waiting,
Together we'll start a new life,
Away from the coppers and trouble,
Away from all battles and strife.

* * * * *

MY CHRISTMAS STORY

By: S.C. Jefferson

Once upon an ancient day,
Jesus in a manger lay.
In Bethlehem, in a cattle's bin
For there was no room in the crowded Inn.

All at once and from afar,
Shone a bright and brilliant star,
With it brought men bearing gifts,
Of gold, and myrrh, and frankincense.

Also in that brilliant sky,
Sang a sweet Angelic choir,
To the shepherds tending sheep,
And awakening those who lay asleep.

Peace they sang, Good Will to men,
Jesus Christ is born in Bethlehem.

* * * * *

HOPE

By: S.C. Jefferson

Here I lay confused in thought
Upon a mountain steep
Searching in the black of night
For intoxicating sleep;
To overtake this lonely night
And weary hours of thought,
That comes before the shining light
Of dawn our heavens brought.

Here now in thought I lay
In peace with heart and mind
For often in the past I've found
Confusion too unkind,
In peace I dream of new tomorrows
Where man and heart alike will live
Free from petty sorrow.

* * * * *

THE PAINT GANG

Today it will be four months since I started to work on the paint gang at Oak Ridge. I like the work very much and have the opportunity to practice the line of work I like best and which I worked at while out of the hospital, in normal society.

There are five of us working on the gang which are patients like myself, except our boss Leo, whom I think is a very nice person to work with.

Although as yet we do not paint on the outside grounds of the hospital, we do make much progress along the interior area. We paint the wards when needed and this I think involves some skill and before the finishing coat is applied to a surface there is to be completed an amount of preparing eg., sanding, scraping, washing and so on. It keeps me busy and often relaxes my mind from problems, not that I suppress them. It also keeps me physically healthy and thereby, I think to a degree mentally fit.

Also my co-workers are good to get along with each other and there has never been a quarrel among our group since I started.

Although painting is both relaxing and beneficial to me, I also have the chance to experience the kind of thing I would have to be responsible for on the outside in normal society and that is to work with people, get to understand them and also if I can to help them. Everyday this responsibility is present for me and I have accepted it fully. It not only helps me to get along but also my job as a painter at Oak Ridge gives me hope and faith for the future.

Thankyou

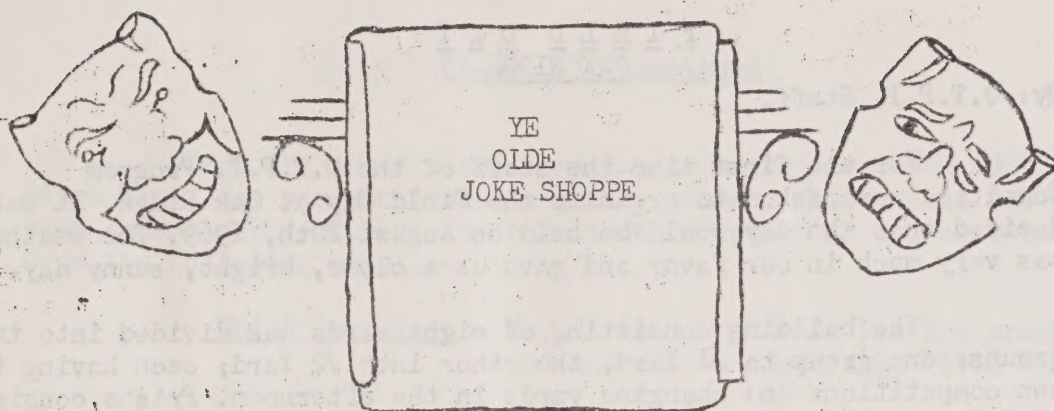
Clement Flynn

THE BALL SHOP

In the Ball Shop the patients are very satisfied of the progress that has been made. In two weeks time we have had eighteen bags of balls or better shipped out every two weeks. There are sixty balls to a bag. We have been very fortunate that we haven't had that many rejects. We have done other projects like forks and spoons.

The advantage of the ball shop is that it is very quiet and this is what a lot of the patient's like about it and Mrs. Caughey and Charlie Scott helps us very much and it's well appreciated from every one of us in the ball shop.

By; Roy Browning
" D " Ward



From Readers Digest Bedside Book of Laughter:

There was a young man from Laconia
Whose mother-in-law had pneumonia
He hoped for the worst --
And after March first,
They buried her 'neath a begonia.

There was an old man from Peru,
Who dreamed he was eating his shoe,
He awoke in the night--
In a terrible fright ---
And found it was perfectly true.

Woman watching football game in pouring rain, to husband: "This is probably another one of my silly questions. Why don't we go home?"

-Lichty

Father of two boisterious children to wife picking out the cereal in the supermarket: "Isn't there a cereal that will sap their strength?"

-B Harrison

A microbe swimming along a vein came face to face with another microbe who looked extremely ill. "What's the matter with you, my poor friend?" he asked. - "Oh! Don't come near me" the other replied "I'm afraid I've caught a little penicillin!"

----- - Revue de la Pensée Francaise

"How's your insomnia?"

"Worse, can't even sleep when it's time to get up",

* * * * *

Small boy being sent to bed by thoroughly harassed mother, to brother; "I can't work it out. Every time she gets tired we have to take a nap".

If you know any good jokes send them along to us at the
QUILL, so we can all share your laughter. -Ed.

* * * * *

F I E L D D A Y
O A K R I D G E

By: O.T.P.T. Staff.

For the first time the staff of the O.T.P.T. Program Committee were asked to organize the Field Day at Oak Ridge. It was decided that the day would be held on August 20th, 1969. The weather was very much in our favor and gave us a clear, bright, sunny day.

The building consisting of eight wards was divided into two groups; one group to #1 Yard, the other into #2 Yard; each having their own competitions and changing yards in the afternoon. Prizes consisted of tobacco, cigarettes, cigars, chips and assorted bars.

Approximately 133 patients from wards A,B,C, & D, took part in Yard #1 which was set up as a carnival with six games of skill and a refreshment booth. Each patient was given seven tickets which enabled him to try his luck and skill at such games as: (1) The Cat Game; (2) Ring Toss; (3) Knock The Milk Bottles Down; (4) Toss a Ball into a Can; (5) Toss a Volleyball into a Basket; and (6) Ring-a-Peg.

In Yard #2 approximately 120 patients from wards E,F,G, & H, participated in events such as Volleyball, Horseshoes, Lawn Bowling, Croquet, Bolster Bar and Tug-of-War. Patients could only choose one of the above events as they were all taking place at the same time. The O.T., and recreation staff supervised each event and made sure each participant received a prize.

In the morning the winning team in Volleyball was "F" Ward who eliminated "H" Ward in the final game.

In the afternoon the finals were played between Wards C and D. The winning team was "C" Ward.

The Horsefinalists were J.Reed from "E" Ward and J.Cullen from "A" Ward. These two played a final match and J.Cullen emerged the Oak Ridge Champion for the fourth year running.

In Lawn Bowling the final winners were V.Sajna from "A" Ward and G. Radditz from "G" Ward.

In Croquet the final winners were F.Sanko from "B" Ward, and D.Bester from "E" Ward.

The final winners in the Bolster Bar competition were C.Moe from "A" Ward and L. Cress from "F" Ward.

In the Tug-of-War competition "C" Ward defeated "D" Ward and "G" Ward defeated "F" Ward.

Good sportsmanship and lots of enthusiasm was shown in all events throughout the day.

FIELD DAY (continued)

From the remarks and compliments we received the 1969 Oak Ridge Field Day was considered a great success. This could not have been accomplished without the excellent co-operation and assistance from the following people:-

Chief Attendant - Mr. J. Bald and Staff for his promptness and enthusiasm concerning Field Day.

O.T. Staff - Mrs. R. Laurin and Mrs. D. Stainton, Mr. T. Watson, Mr. F. Stacey, Mr. L. Merkley, Mr. B. Puddicombe for supervising the events in #2 Yard.

I.T. Shop - Mr. R. Desjardin, Mr. J. Simpson, and Mr. H. Madill.

Ball Shop Staff - Mr. C. Scott

Outside Staff - Mr. G. Puddicombe, and Mr. G. Drinkle.

Paint Shop Staff - Mr. Ladouceur

for supervising the booths in #1 Yard.

Mr. E. Vivian - Recreational Staff at the Regional Hospital for his assistance in helping us to obtain much of the equipment used.

The Penetang Bottling Co. - Mr. Orser for the free Cokes which he kindly donated.

Oak Ridge Typing and Printing Department - for their excellent work on the letters and notices which were sent out to the different Wards.

We the O.T.P.T. Staff: V. Willis, J. Beaman, K. Leclair and A. Beauchamp would like to express our sincere thanks to each and everyone.

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G WARD STRUCTURE AND PROGRAMME

By; F. C.

COMMITTEES:

Staff-Patient Liaison Committee, Treatment Committee, Sanction Committee, Small Groups & Progress Reports Committee, Clarification Committee and Ward Committee.

COMMITTEE DUTIES:

Staff Patient Liaison Committee:

Committee comprises 4 members(patients) whose duties are; to supervise the functioning of other committees on the ward, to draw up daily schedule for programme, to approve all recommendations from all committees before they are submitted to Staff for final approval, to assign responsibilities to individual patients(or group of) or approve same as submitted by other committees. All committee's decisions and approvals are subject to approval by staff.

Treatment Committee:

Committee has 6 members(patients) whose duties are as follows: Meet daily (twice) for direct handling and directing of patients' immediate treatment; i.e., small-groups(purpose and functioning of these are described below), defense-disruptive drug treatments and follow-up of treatments, assessment of progress of all patients on the ward, assessment of treatability, assessment of riskability of upset patients (as to whether they represent a possible danger to themselves or to others because of their upset), nightly assessment meetings where interviews are conducted to follow-up on patients' upsets or behavior and make appropriate recommendations as to any necessary action to be taken; i.e., use of safe-rooms, security measures, medications, use of observers, etc. All committee recommendations are subject to combined approval of staff, duty doctor, social worker and nurse.

Sanctions Committee:

Committee of 6 patient-members. Duties are: To dispense sanctions for the purpose of controlling patients' deviant behavior through the reward-detract approach where it may seem to be warranted and of some of the sanction given him and will recommend any alteration or discontinuation of sanction they may see fit. Different forms of Sanction; loss of privileges, extra ward cleaning, essays to be written on patients' deviant behavior so as to provide added knowledge of his mental and emotional make-up (both for his and the wards benefit). Major deviant acts will result in automatic confinement into a stripped safe-room until proper clarification is carried out on the nature and causes of the acts so as to guarantee the safety of the patient concerned or of others. This will be done only in extreme cases; i.e., Threatening with physical violence, assaults on patients or staff, sexual acts with others, undermining or disrupting the programme or part of (where it is felt to be otherwise very detrimental to others and cannot be stopped or controlled otherwise). Another responsibility of the committee is to supervise the proper carrying out of all sanctions. ALL RECOMMENDATIONS REGARDING SANCTIONS, ALTERATIONS AND DISCONTINUANCE OF, ARE SUBJECT TO APPROVAL BY STAFF-PATIENT LIAISON COMMITTEE AND STAFF.

G WARD PROGRAMME STRUCTURE (continued)

Small-groups & Progress Reports Committee:

Committee consists of 5 patient-members whose duties are as follows: To draw up small-groups for the patients designated by the Treatment Committee. To write periodical Progress Reports on each patient on the ward (approx. every three months) describing his progress (or regress), his mental, emotional and behavioral functioning, etc. To write Clinical Reports describing isolated major happenings to individual patients; i.e., upsets, major deviant acts, etc. To write frequent Relationship Charts describing each patient's interaction and personal involvement with others and its quality. To keep an up-to-date and accurate file on each member of the ward including copies of the above mentioned reports and others (files available to committees and staff for future reference). All reports are fed back to the individual concerned and to the ward for verification purposes before being finalized, following which duplicates of Progress and Clinical reports are forwarded to the staff for their information and filing in the patient's hospital files.

Clarification Committee:

Committee has from 5 to 9 members (patients), number of members varying according to size of ward population. Committee duties are as follows:

To clarify the nature and causes of actions or behavior of any patient(s) upon referral made by other patient(s), committee(s) or staff. To summarize their findings and conclusions on the issue at hand. To feed back to the ward the above and then to pass it on to the Sanctions Committee where sanctionary measures will be taken if deemed necessary. These functions are carried out interviewing all those directly (and/or indirectly involved) in issue being referred and also, if it felt to be necessary other patients or members of staff who may contribute to the clarification through their knowledge of, or insight into the incident, or the people involved. Following feedback to the ward, Sanctions Committee will then go over the results of the clarification and make appropriate recommendations for sanctions if they feel it to be warranted and of treatment value to the individual(s) concerned.

Ward Committee:

Committee comprises 5 to 8 patient-members. This varies according to the size of the ward population. Duties are as follows:

To assign each and all members of the ward to the up-keeping and general cleanliness of ward areas; i.e., corridor, sunroom, side-rooms, etc. To supervise store-rooms and laundry-room. To inspect (daily) all patients' rooms and general ward areas for cleanliness. To look after ward and committee supplies. To look after the maintenance of the ward's private and general facilities. To make recommendations for repairs of furniture etc.

G WARD PROGRAMME STRUCTURE (continued)

All committee activities are fed back at the daily ward meetings. Management of store-rooms and of private and general ward facilities is under staff supervision.

Security & Crisis Committee:

There are from 6 to 9 patient-members on this committee, whose duties are as follows:

To look after all security aspects on the ward; i.e., searches of Airing Court, patients' rooms, general ward areas and patients, under staff supervision. Personal searches are carried out only on orders from the staff. To assign patient-observers to patients that are seriously upset and are representing a probable risk to themselves and/or others. To carry out on-the-spot assessments of seriously upset patients whenever and wherever necessary in times of emergency following which they are to make appropriate recommendations if any preventive measures are warranted to insure the safety of the individual concerned and others. Preventive measures can be taken in the form of: Restraints & observers, use of safe-rooms, and in extreme situations, the immediate use of major tranquillizers (purpose and effectiveness of above mentioned measures are described below). To feed back to staff on duty at the earliest opportunity their findings and conclusions following emergency assessments along with their recommendations (recommendations are subject to the approval of staff). To also forward same to the Treatment Committee for future handling of the situation.

* * * * *

The " G " Ward programme consists of the following with variations whenever felt to be necessary by Staff-Patients Liaison Committee and/or Staff:

8:00 - 9:20 a.m:	Committee meetings
9:20 - 9:30 a.m:	Coffee break
9:30 - 10:30 a.m:	Ward meeting
10:30 - 10:35 a.m:	Break
10:35 - 11:15 a.m:	T-groups
11:15 - 12:00 a.m:	Dinner
12:00 - 1:00 p.m:	Airing Court
1:00 - 1:05 p.m:	Break
1:05 - 2:05 p.m:	Small-groups
2:05 - 2:20 p.m:	Coffee break
2:20 - 3:20 p.m:	Ward meeting
3:20 - 3:25 p.m:	Break
3:25 - 4:15 p.m:	Ward meeting
4:15 - 6:00 p.m:	Supper & free-time
6:00 - 7:00 p.m:	Airing Court
7:00 - 10:30 p.m:	Free-time
*9:00 - 10:00 p.m:	Staff-patient liaison & Treatment committees nightly meetings (for nightly assessments and other unfinished business),

G. WARD PROGRAMME STRUCTURE (continued)

Committee Meetings:

Every morning from 8:00 to 9:20 a.m. all committees meet to perform their duties and functions as described above for each committee. Morning committee meetings are scheduled from Monday to Friday inclusive with the exception of Staff-Patient Liaison & Treatment committees who also meet every evening of the week (or whenever required during the day in emergencies).

Ward Meeting:

Following committee meetings a ward meeting is held where all ward patients are present and with some members of the staff in attendance. In this meeting are fed back all the minutes of each committee followed by a ward discussion on the minutes. This is the central point of information where the ward is kept up-to-date on pretty well all that takes place in the committees and on the ward as a whole. This ward meeting basically serves the purpose of information exchange between ward members, staff, and the committees; and vice-versa.

T-Groups (Sensitivity-Groups):

The ward is divided into 5 T-groups of 5 to 7 members each. These groups serve the purpose of increasing each and every members' awareness of their feelings and how they are affected by each others' actions and behavior. All patients are encouraged to express openly and honestly on their feelings and sensitivities with the hope that this will be conducive to change in patients behavior through awareness of how they affect others.

Airing Court:

Each day, weather permitting, the ward spends a minimum of 1 hour in the airing court where there is a variety of games and of sports equipment available to all ward members. Participation in these sports is strictly voluntary and one can either partake of these or simply enjoy the sun and fresh air, though members are encouraged to become physically active at these times.

Small Groups:

Each week day a number of small-groups are held to specifically discuss one patient's present or past problems and difficulties. The topics of discussion can cover a wide area; i.e., illness, difficulties in relationships, family problems etc. The orientation of the groups can be either supportive or analytical. The Treatment committee designates each day who will be given a small-group and it's purpose (subject to approval by staff). Minutes are taken in each group and are subsequently fed back to the ward for further discussion following which minutes are filed away in the patient's Ward File for future reference.

Weekend Ward Meetings:

Weekends mainly consist of free-time for all patients when one can devote his time to reading, socializing, going out in the Airing Court, T.V. viewing, etc. with the exception of one Ward Meeting each Sunday specifically to feed back and discuss the minutes of Staff-Patient Liaison and the Treatment committees held between Friday evening and time of the Ward Meeting. This is to avoid 'backlogging' of feed back.

Restraints & Observers:

Frequently patients will become seriously upset and represent a probable danger to themselves and/or others when there is complete lack of self-control on their part. So as to insure everyone's safety, patients will be assigned to observe him during this critical period. If the patient represents a major risk, physical restraints will be used in the form of canvas straps and small padlocks on his wrists and if necessary, his ankles. If at all possible, patients on risk-status will go on attending the different ward activities while being observed. Constant assessment is done on his mental and emotional stability (or lack of) until it is felt by the appropriate patient committee and with staff approval that the patient concerned does not necessitate the use of restraints and observers any longer. While a patient is on risk status he will at night sleep in a 'safe-room' where there will be a bare minimum of objects and the window panes are made of unbreakable glass. If this is felt to be insufficient in insuring his safety, if he represents a high suicidal risk, patient observers will be assigned to observe him in his room. These patient-observers are screened carefully for competence and responsibility. All the above mentioned safety measures can only be adopted with Staff approval.

-F.C.

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MY LIFE OF "G" WARD

By: Fred Oneil

Therapy! When I heard that word I thought of a wad of doctors, social workers, etc., working hand-in-hand, trying to "treat" you. Little did I know how disappointed I'd be, to see patients treating patients.

I strolled onto "G" Ward on August 17th/68 from the Training Unit. All I knew was I had a sentence of five years to serve and all else didn't matter much. I busted in on a six o'clock Ward Meeting and just sat there looking stupid.

Somebody called for Treatment Committee and a group of patients walked up and hustled me into a side-room adjoining the sunroom. They immediately set me at ease and tried to indoctrinate me into the program.

I was able to pick up the program fast and then I began my "Treatment". I had a series of Small groups (this is where six patients sit down and talk to you about your problems) I soon learned all about "MY" illness and with the help of my fellow patients, I learned how to change it. Change is a hard slow process but can come about rapidly if you apply yourself.

MY LIFE OF "G" WARD (continued)

My status now is a patient on G Ward with one exception. I know now that I am nearer to sanity and release, which is something that eighteen months ago I would have thought was impossible. I strongly advise anyone who wants to do something about their situations to come to "G" Ward and obtain our mutual goal " SANITY ".

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MY DRUG TREATMENT

By; Reg Barker

Around the first of October, I was given an intensive Drug Treatment of Hyoscine, Hydro-Bromide (Scopalamine). The first week went really well. It wasn't too hard for me to stay awake, but every morning at 6 am., I would become sick to my stomach, becoming quite tense and anxious waiting for the drugs.

During the weekend of the first week, I became quite hostile and shut down. I even became hostile at my best friends. I could feel something happening to me and yet I was not able to describe this feeling that I was having.

I was put on cuffs as a result and given an immediate confrontation group, to find out what was happening to me. The group itself didn't succeed to get anywhere for I became shut down and afraid of the people present in the group. I remained on cuffs through-out the weekend and during the second week of my treatment.

The second week was quite hard on me for part way through the week. I wanted to give up my treatment for I was feeling a lot of rejection from a close friend. How this happened; why;, one night in the I.C.U., I wanted to talk to him and he wanted to sleep. Other people that were there were telling him to get up and talk to me. After a-while he came over to talk and I asked him if he felt obligated to talk to me and he said " Yes ". I told him to get lost for I didn't want people to talk to me because they were obligated, that I wanted them to do it because they were interested and they wanted to. All because of one person I wanted to give up.

After my second week was over, I was quite sensitive to what people were saying and doing. I was also vulnerable and fragmented.

In groups that followed my treatment, I was confused and didn't know what was really happening in them. I was more upset than I usually am or that I used to be. Now I am upset one week and feeling nothing the next, which I find to be a very frustrating experience as to why this happens to me.

I seem to be able better to understand what is happening in groups and to me as a person without much confusion.

MY DRUG TREATMENT (continued)

The drugs made me aware of my loneliness and my needs, my needs to be with people most of the time, more aware of what I have to do to get well, my sensitivities and my insecurities, around people and doing things.

About all I can say is that I am looking forward to another drug treatment in the future and hopes of gaining more knowledge about myself and my problems.

* * * * *

Description of terms used in this article:

Hyoscine-Hydro-Bromide; is another term for Scopolamine, which is used to break through one's psychological defences or walls that he has created for himself. Without these walls or defences, he is more easily able to talk about his problems, things that bother him and make him more upset and more aware of his situation.

Cuffs: Are used for the safety of others as a policeman would use them. If a patient feels like hurting himself or others, then we place him on cuffs as to prevent him from doing the above mentioned. These cuffs are different from those used on the outside, the ones we have here are old seat-belts sewn together with holes in them for locks.

I.C.U.: Is a short term for the Intensive Care Unit, which is used when patients are on drugs or when there are a number of patients on cuffs that are considered a high risk. The I.C.U. is set up in our sunroom with mattresses and strong blankets placed on two windows where the risk patients sleep at night, so as to prevent them from jumping up and breaking windows during the night. There are also five to six patients observing those who are considered risks. Also there are facilities present for the observer and those who are risks, such as coffee, tea, sugar, hot water and a portable washroom.--R.B.

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Editor's note:

Description of this treatment procedure; it's reason and effects may be found in an article written by E.T.Barker, M.D., Assistant Superintendant, Ontario Hospital Penetanguishene, M.H.Mason, Patient, Oak Ridge Division, Ontario Hospital Penetanguishene, and J. Wilson, Summer Staff, Ontario Hospital Penetanguishene. The article is entitled DEFENCE DISRUPTIVE THERAPY. This article describes the use of of special drugs used in the treatment of the mentally ill.

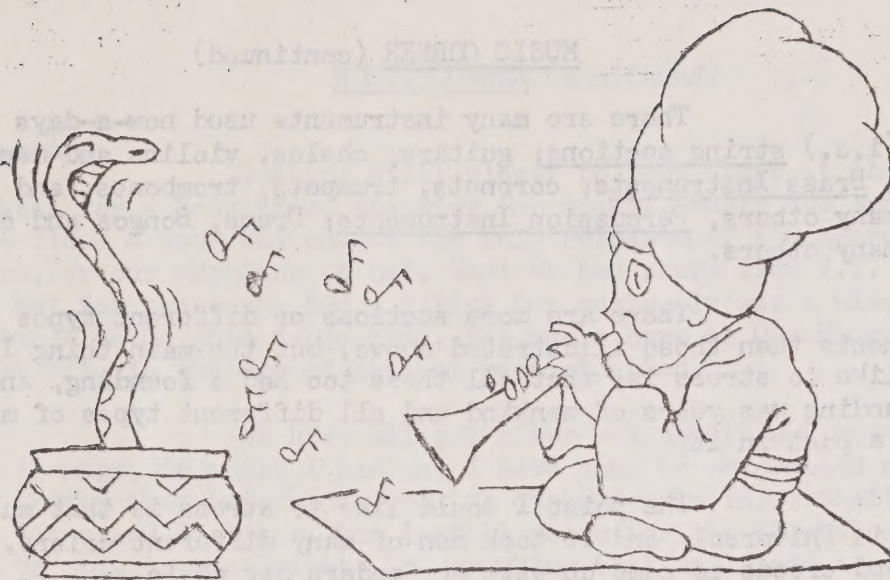
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COMMITTEE: One definition of a committee has been given as follows, probably by someone who doesn't think very much about committees.

A committee is; A group of the unwilling,

Picked by the unable,

To do the un-necessary



MUSIC CORNER

EVOLUTION OF MUSIC (In three parts)

PART I :

There have been many controversial disagreements between many men, here in the Western Hemisphere, as well as in the East; as to which music is the best, the longest lasting, or which will be looked at in future generations, as the prime contribution in this field.

Many people especially of European origin look at the masters, i.e., Brahms, Bethoven, Bach and Motzart, as mans' greatest contributors in this field, and to a degree, I agree, but only in the aspect that their music has influenced others to study music and better themselves in this field.

If you go back in time still further to the Ancient Chinese, they brought what could have been the forerunner of our guitar, which is used in a lot of modern day music; so in that aspect they also added to the contibutions to music.

The people of India, who are noted for their exotic sounds, of the flute and Sitar (re) Ravi Shankar of today; have played this type of music, for many thousands of years, and there too is a great contribution to music.

Looking at yet another contribution to music, is the peoples of Africa, who for years have had their own way of creating sounds, and one of the most played instruments of music today. I am speaking of course of the modern day drums. Theirs was what can be described as a crude substitute for today's electrical instruments and yet had they not started it, we might not have drums today.

MUSIC CORNER (continued)

There are many instruments used now-a-days in music, (i.e.) string sections; guitars, cellos, violins and many others. Brass Instruments; coronets, trumpets, trombones, and again many others, Percussion Instruments; Drums, Bongos and once again many others.

There are more sections or different types of instruments than those illustrated above, but the main thing I would like to stress is; that all these too had a founding, and the founding was years of mankind and all different types of men played a part in it.

The point I would like to stress is that music itself is Universal, and it took men of many different colors, races and creeds to come up with our modern day music.

Yet if you listen to talk or bickerings, as pre-mentioned above, different Countries claim that they were the biggest contributors to music. All I can say on this topic is; think again on that topic, because in your mind your music may be to you the one and only but it always was derived from some other kind of music, and better improvisation or different likes and dislikes changed it; but basically it is Universal and has been for thousands of years.

PART II:

I would like to go into the here and now of music right here in our own back yards. There are many kinds of popular music (i.e.) psychedelic, tin pop, blues, folk rock blues, western, country and folk, only to name a few.

The orientation as I look at all of these seems to have one trend, and that is; to turn on the emotions, of human beings, (i.e.) different moods: depressions, elations and just to relax a person.

Again as I see modern music, I see most of it coming from, or on improvisation of colored music, which started in the late 1800's in the United States, called the blues: Most groups today whether they play Junky Rock Blues, Soul Blues, Straight Blues, Western or what have you, are tending more and more to get into this type of music, as their releases of emotions. I may be subjective to a degree on this blues kick, because I really feel this type of music, as a way of release of pent up emotions, as an outlet for happenings during the day, or just as a relaxing stimulant to listen to.

I am only using blues of today for an example of what I feel music has been used for down through the years, a basic release of emotions.

MUSIC CORNER (continued)

PART III:

Getting still closer to home, here at the hospital for a long time, speaking for myself, music two and three times a week was one of the only releases of a constructive nature, for our emotions we had. Yes! We had shops like I.T. and Yard but for those who had a liking for music, it was a blessing in itself to be able to do this. Now music here at Oak Ridge is almost NIL, in the way of patient participation.

We have all got other releases(i.e.) myself I have therapy, in which I can say I have come to understand myself much better than before, as well as other people,(i.e)sensitivities, likes and dislikes; but I still yearn for the time when I will be able to participate in something that could add to a degree, major in some, minute in others lives. When I can once again partake in this what I deem as an enjoyable part of my life and I don't know how many others here at Oak Ridge section feel the same. I will close this writing in three parts and I hope that I may have helped some of our readers somewhere to understand that; 1) music is Universal, 2) music is pure emotion in a sublimation process(i.e.) records, radios, bands, and 3) music is the thing I enjoy and I hope that others feel the same.

I hope , I can write more in the future about this subject and so I will close this article at this time. I hope you may have enjoyed it at least a bit.

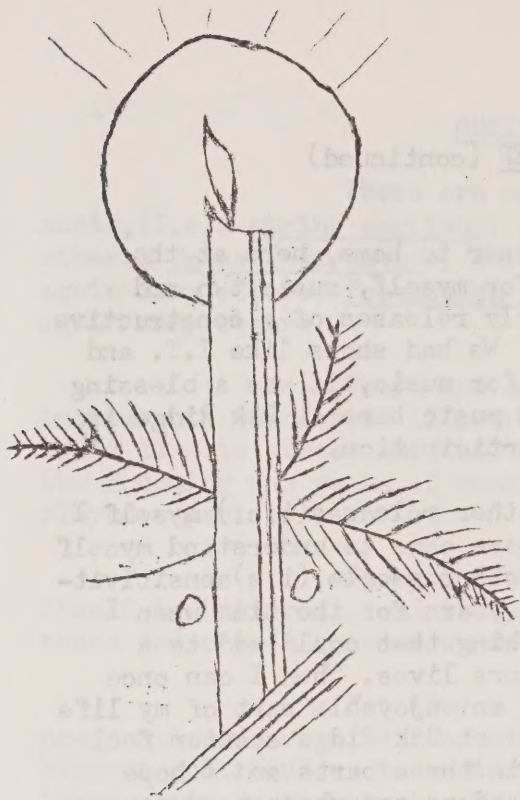
David Norman Brenner

" G " Ward (patient)

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Editor's note:

How about it readers? Did you enjoy Dave's article? If you would like to hear more from Dave, drop us a line and let us know your thinking on it, and what you would like to hear about.



a Christmas MESSAGE

This section of the QUILL is for the purpose of allowing the patients of Oak Ridge, to express Christmas Greetings to their and relatives. -

- Norm Young - expresses Christmas greetings to Walter Wilson
- Reg Dunbar - expresses Christmas greetings to Vic Hoffman
- Bob Andrews - expresses Christmas greetings to Mom and Dad
- Vince Lauzon - expresses Christmas greetings to Al McLaughlin
- Len Gillard - sends Christmas greetings to his Mother, Aunt and Uncle.
- Mike Lee - sends Christmas greetings to Marcia
- John Reed - sends Christmas greetings to Dr. Phyllis Elliot
- Harold Johnson - Christmas greetings to Chris and Paul Rollinson, and Mr. Timmons
- Ron Eagleson - Christmas greetings to the doctors, professional staff and the attendant staff
- Dennis Bester - Christmas greetings to Mrs. Wunder
- Clem Flynn - Christmas greetings to Mom and his five sisters in Preston

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A CHRISTMAS MESSAGE (continued)

- Larry Antler - Christmas greetings to Mrs. Chris Rollinson
- Elmer Corman (Chairman of "C" Ward) - on behalf of "C" Ward, I wish to express seasons greetings and best wishes to the Midland Volunteer Group.
- Graham Austin - sends Christmas greetings to Mrs. W. Austin at Workworth, Ont.
- James Corbett - sends Christmas greetings to friends and relatives
- John Lamont - sends Christmas greetings to friends and relatives
- William Johnston - sends Christmas greetings to friends and relatives
- Frank Miklosko - sends Christmas greetings to friends and relatives
- Terry Hayes - sends Christmas greetings to friends and relatives
- Bob White - sends Christmas greetings to friends and relatives
- Rocco Bertucci - sends Christmas greetings to friends and relatives
- R. Sauve - sends Christmas greetings to friends and relatives
- Bobby Clarke - sends Christmas greetings to friends and relatives
- Rodney Lawrence - sends christmas greetings to friends and relatives
- Leo Bieber - sends Christmas greetings to friends and relatives
- Marion Falencikowski - sends a Very Merry Christmas and a Happy New Year to Mrs. A. Falencikowski and to Mrs. Mincyk
- Steve Mitchell - sends his best for the New Year to Mrs. S. Mitchell
- R. Therrien - Sends his best of Christmas Cheer and the coming year to Mr. & Mrs. A. Therrien and Mr. & Mrs. G. Therrien, also to Mr. Jim Brettle

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- Donald Bragan - sends Christmas greetings to Mr. W. Harkins, Mr. Paul Kosh and to Mr. Ronald Hennigen
- Joe Fabrizi - sends Christmas greetings to Mrs. Laura Dunn
- Jean Dextraze - sends Christmas greetings to Donald Young

A CHRISTMAS MESSAGE (continued)

Carson - sends Christmas greetings and a Happy New Year to his Mother

Ken Dalton - Wishes Merry Xmas and a Happy New Year to Marie Allchurch

George McCann - To all my friends and future girl-friends, Merry Xmas and a Happy, New Year

Nick Oustinovitch - Merry Xmas and Happy New Year to D. Thibodeau, Bob Emond, Mike Kniff and R. Clapmen

Eugene Scott - sends Christmas greetings to Rene Scott, Huguette Sauver and to Jean Paul Scott

Gordon Taylor - wishes Merry Xmas and Happy New Year to Dr. E.T. Barker

Joe Normandin - expresses Christmas greetings to Mom and Ronnie, Jim and Eunice, Dad, Phil and Larry

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To My Friends:

To my friends, the patients of Penetang Psychiatric. I attended a meeting last night as I do each week. After the A.A. meeting I sat in my wigwam thinking things over.

Before coming here, for quite a number of years, I knew that there was something wrong somewhere. If nothing was wrong, why try to escape? With Alcohol mainly, but lacking alcohol, I didn't mind sitting up on cloud nine, never thinking I'd drop off. Pills or alky, it didn't matter, the objective was escape.

Escape from what? From my way of life? From my fellow man? From the superstructural automation of our 20th century? From "man's inhumanity to man"? From all or from one of these? I knew the urge to escape and my methods of dealing with it were a ticket to Penetang, or a one way ticket to the morgue. I bought the ticket.

There was a number of stop-overs on my trip. I saw a few Psychiatrists, Neurologists, Psychologists and Doctors of Divinity. I saw and spoke to many people excepting one I should have seen at the beginning. The man I should have met and become real friendly with. The most important man of them all. This man was myself..... Buenos Noches! "All's well that ends well".

- Leo Trottier

THE THERAPEUTIC ASPECT AS I INTERPRET IT

The word Therapeutic as I interpret it means to "HELP".

It wasn't too many years ago that there was nothing like the programmes that exists in Oak Ridge today. The relationships that were established some five or six years ago were constantly, construed by staff and patients alike as "Daddy/Kid" affairs, wherein a lot of sex would be taken place.

Through my own experience I discovered that all too often, the act itself is committed whenever there was a block in communication, and was in effect saying, "I like you", or, "I love you".

Today, November 1st., 1969, this gap has been breached with a great deal of success, wherein all relationships are not, and yet at the same time are, construed as Daddy/Kid relationships, and these mainly because of the intensity that exists between the two people involved. The jealousies that are exhibited and the awesome abuse that often comes from the hands of the "INNOCENT" young fellow.

Realistically speaking, this abuse is considered somewhat masturbatory in that the person that is using the psychology becomes stimulated with his own awareness as an attractive, desirable individual, and this also involves the "Daddy" as well as the "Kid".

Through my experience in a number of 'GOOD', and 'BAD' relationships, the latter of which there were many, I discovered to my surprise that the games I play are very similar to the games that are played by the younger, more beautiful generation and that my experience and sophistication let me view this in terms that are acceptable only to my point of view.

However, in a 'GOOD' relationship, I have discovered that the other is as aware of my games as I am of theirs, but instead of letting this be a deterrent in the relationship, we discover a talking means of working out the problem, either with others or between the two of us; the former being the most preferable.

All too often I have discovered that we get bogged down in what we often call 'OUR REALITY' and 'OUR PERCEPTIONS' and with the two parties continually involved, that we tend to rationalize our reactions and actions, and come up smelly like an ill-used rose, and to say the least this has a very damaging effect upon the continuance of a relationship, that I believe to be founded on trust, love and attraction.

THE THERAPEUTIC ASPECT AS I INTERPRET IT(continued)

In the therapeutic sense of the word, we all need to "help" to make our relationships with others open and honest, and as much as possible a mirroring of our true feelings and not those that we think we have.

I don't know how to write about going out and attaining this goal as I believe it to be a receptive and intuitive one that is reciprocal. At first it may be a one-sided affair, but later you sort of "grow" on the person, with his apprehensive approval. We must remember that in most cases we also are very apprehensive and searching.

I often coin the phrases that were uttered by none other than the English Existentialist, R.D. Laing in his paper, 'Massacre of the Innocents! - "My NEED is a NEED to be NEEDED, My LONGING is a LONGING to be LONGED for". This is so true of all men. We all need to be needed, loved and longed for. Without this we would feel empty and useless to ourselves and to others. Materialism would never fill the void that is created through having nothing or no one.

Therefore relationships are healthy if they are honest and can be healthy if they are dishonest, only if you do something about making them honest.

Coining another phrase that says; "And above all else, to Thy own self be true"

In being true to oneself I picture it as being loving and allowing yourself to be loved. All too often it has been my experience that we can be loving, but when we are being loved we become frightened men and women as we do not know how to return it. True, it is a nebulous state of affairs, but one in which we must learn to handle and control. This then is my interpretation of the therapeutic aspect, dealing primarily with oneself in relationship to another.

There are many other aspects to the therapeutic monitor that even the great Martin Buber, Adlers, Jung and Laings have never perceived as being productive or practicable, and that in experiencing it from the view of being immersed in it and needing it other than on the bank trying with all sincerity to write about it.

However, total immersion is a frightening thing, and I often ask myself if it is necessary, or does it work? I think that for myself I can answer both of these questions from my own experience and with deep sincerity. Yes, it works, and doubly yes, it is desperately needed.

THE THERAPEUTIC ASPECT AS I INTERPRET IT(continued)

To be aware of ones emotions is a frightening thing in part, but to experience the feeling of another more then compensates for the fear that is suffered, not knowing what is about to happen or how you should respond to all of this.

Therapy is based on our experience of our own and others behavior towards us. It takes into account our own partivular sensitivities that tend to bind us up around a lot of small yet significant issues, and allows us to express ourselves freely and without shackles about another persons effect upon us.

When it loses it's simplicity and becomes complexed and unyoilding, then it has become a weapon with which to combat others and to defend ourselves from really seeing ourselves, instead of the facade that we place in front of us and try to live with.

We become more human as we ACCEPT ourselves and RECOGNIZE ourselves, instead of the mask.

The total concept of therapy is pretty idealistic and pretty well unattainable, but, the goals and the paths are there for those that wish to discover themselves and the mapping is done by yourselves, aided by the experience and pitfalls of others.

You may ask if there are any shortcuts, and I would say in reply that the only shortcut is total immersion and sincerity.

By: S.C. Jefferson

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MEET THE STAFF

ADMISSION NOTE

By: Doug Small

This 23 - year old, good-looking, gentleman was admitted to Oak Ridge in May of 69 on a warrant of work. He came to us from the University of Western Ontario, where he spent three wild and wonderful years and still managed somehow to attain a Bachelor of Arts Degree in Psychology. The reason this young man gives for his placoment at Penetang, P.H., is that he was unable to find a job. But rumor has it that he is here for refusing to have his hair cut.

(continued)

ADMISSION NOTE: (continued)

Actually Doug got his first interests in the Hospital when he met a certain Doctor in a pub in London and over a ginger-ale or two they liberally discussed the possibilities of future employment for this young, aspiring psychology major. At this time, I feel that it would be very unwise politically to reveal that the afore mentioned Doctor's name is Elliot Barker. Contact was made with the Hospital during his graduate semester, and after intense screening, Doug(Dug) was accepted and inducted into the work-a-day world at Oak Ridge.

Dug's duties to date have been restricted to the Western hemisphere, but he plans to branch out at a later date. Officially, if we must label him, Dug is a Social Work Assistant and works directly with the wild and wooly John McDonald. As coordinator of H-Ward therapy program, inherited from that debonaire Frenchman, Roger Besner, Dug has seen several programmes come and go, yet he continues to maintain a calm and collected air about the entire situation.

Extracurricular activities for this weeks S.W.A., include Sports car racing, sailing, contact sports, poetry, travelling and photography. There has been no indications of the slightest interest in girls.

Upon discharge, Dug has expressed a desire to enhance his car racing career and to broaden his travelling experiences. The possibility of more schooling weighs ambiguously in the balance. His only other plans are to keep out of trouble.

When asked what his feelings were to-date about his situation at Oak Ridge, Dug answered simply; "I really dig the people here" and walked away, smiling, as ever.

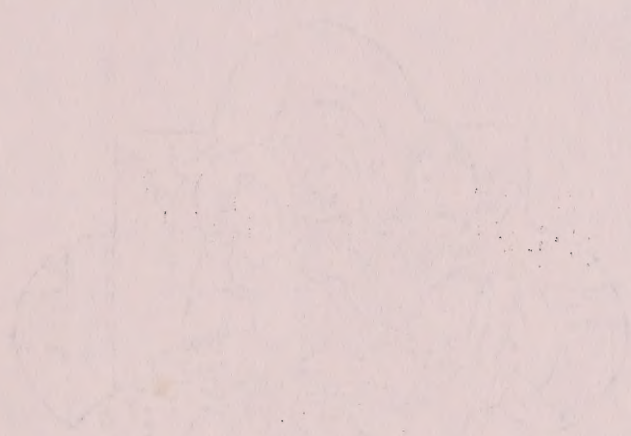
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DEADLINE :

The DEADLINE for the December/January issue of the QUILL will be December 15th/69. We need your help to make this magazine into a worthwhile reading project. We ask you to submit articles, informing the reader of your thoughts and ideas about anything. How about it guys? It's your Magazine.

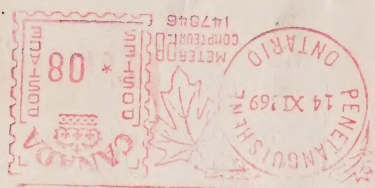
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MERRY CHRISTMAS



—AND A—
HAPPY NEW YEAR!